

# Lumbar Radiculopathy

## Sometimes called Sciatica

Lumbar radiculopathy describes a condition in which there is an insult or injury to a nerve root in the lower back. This results in the patient experiencing pain not only in the back but often extending into the leg in a specific manner.

When the pain radiates into the leg, especially down the back of the leg, this is sometimes called sciatica.

In the case of radiculopathy, the pain a person experiences radiating into their leg is what we call sciatica. The brain registers the pain in the limb, the real problem is in the compression of a nerve coming out of the spine without any insult or problem to it.

The most common injury causing radiculopathy is a bulging disc in the lower spine that pushes backwards and pinches the nerves that run behind it. Often the nerve that is pinched is the nerve that will come out just below the disc that is bulging. In this way, a disc that is bulging between the L4 and L5 vertebra will pinch the L5 nerve. Patients with this complaint describe their pain radiating into their legs in a very specific manner. Typically, the pain radiates all the way into the leg extending sometimes into specific areas of the foot. The pain is also described typically as a ribbon of pain. It does not involve the whole leg.

As an example, the most common pinched nerve in the low back causes patients to experience pain radiating down the back of their leg (sciatica) that extends into the back of the calf and sometimes radiates into the ankle or the outside of the foot.

Patients with this condition, if it is severe, are unable to sleep and unable to stand up easily or walk. They are often more comfortable sitting but can have pain with transitioning from sitting to standing.

Patients with this condition, when they are examined, have more pain when they bend forward and can feel the pain shooting down their leg. Lifting the leg, when the patient is sitting, also aggravates their pain.

Patients with lumbar radiculopathy are often initially treated by their primary care physician with rest, non-steroidal anti-inflammatory medications such as Motrin or naproxen sodium and sometimes a muscle relaxant. On other occasions, if the pain persists, they are referred to physical therapy. Sometimes, however, physical therapy is too painful for them to tolerate then they are referred to pain management specialists who may perform epidural steroid injections for them.

Epidural steroid injections (Lumbar interlaminar and Lumbar transforaminal), in many patients, provide a very high degree of success; sometimes as high as 80-90%. High success rates are especially seen when the appropriate diagnosis is made and the injection is performed under x-ray control so that the steroid is placed directly on the nerve roots that are inflamed and irritated.

If epidural steroid injections are performed, but the patient does not improve, the patients are often referred to a spine surgeon and spine surgery is considered.